

Serial No. 10/656,841
60,130-1721
03MRA0169

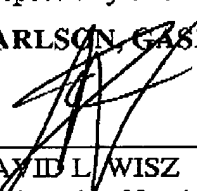
REMARKS

Applicant wishes to thank the Examiner for the allowance of claim 15 and the allowability of claims 9, 12 and 14, which have been amended to independent form. The balance of the claims have been cancelled such that the application will properly issue.

Please charge \$200.00 to Deposit Account No. 50-1482, in the name of Carlson, Gaskey & Olds, for one additional independent claim. If any additional fees or extensions of time are required, please charge to Deposit Account No. 50-1482.

Applicant respectfully submits that this case is in condition for allowance. If the Examiner believes that a teleconference will facilitate moving this case forward to being issued, Applicant's representative can be contacted at the number indicated below.

Respectfully Submitted,
CARLSON, GASKEY & OLDS, P.C.



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Dated: October 24, 2005

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